

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Felipe Acevedo,

Write the full name of each plaintiff.

24 CV 0558 (LT6)

(Include case number if one has been assigned)

-against-

City of New York,

NYC Health and Hospital Corp.,

AMENDED
COMPLAINT
(Prisoner)

Do you want a jury trial?

☐ Yes ☒ No

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

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SDNY PRO SE OFFICE
2024 MAY 28 AM 9:36

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

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I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☐ Other: _____

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

Felipe

First Name

Middle Initial

Acevedo

Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

Metropolitan Detention Center

Current Place of Detention

801 24TH Street

Institutional Address

Brooklyn

County, City

Ny

State

11232

Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

☒ Pretrial detainee

☐ Civilly committed detainee

☐ Immigration detainee

☐ Convicted and sentenced prisoner

☐ Other: _____

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1: City of New York
First Name Last Name Shield #

Current Job Title (or other identifying information)

Current Work Address

New York Ny
County, City State Zip Code

Defendant 2: Health and Hospitals Corp.,
First Name Last Name Shield #

Current Job Title (or other identifying information)

Current Work Address

Ny Ny
County, City State Zip Code

Defendant 3:
First Name Last Name Shield #

Current Job Title (or other identifying information)

Current Work Address

County, City State Zip Code

Defendant 4:
First Name Last Name Shield #

Current Job Title (or other identifying information)

Current Work Address

County, City State Zip Code

Morell claim,

V. STATEMENT OF CLAIM

City of New York / NYC Health and Hospital Corp.,

Place(s) of occurrence: August 5, 2023 or August 6, 2023 August /Date(s) of occurrence: August 5, 2023 or August 6, 2023 August /

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

On August 5,th 2023 or August 6, 2023 Felipe Acevedo was treated for gun shot wounds in Harlem hospital, he was seen and treated by a doctor CT Scan, and Xray, was utilized for Plaintiff. This doctor is an official who possesses authority and power which has been expressly granted. This official who works for Harlem hospital is a doctor who had direct participation in the treatment of Felipe Acevedo. This official violated a formal policy officially endorsed by the municipality this official who has knowledge after learning of Felipe Acevedo's condition which was broken bones from the gunshot wound decided to discharge Plaintiff to the care of (N.Y.P.D.) officials. Discharged and arrested Plaintiff was subjected to cruel and unusual treatment suffering from intense pain and being moved from cell to cell after being discharged to the care of (N.Y.P.D.) officials on August 2023. This official who works for Harlem hospital which is operated by health and hosp. corp., who has final authority to establish municipal policy. A single decision or course of action even if tailored to a particular situation and not intended to control decisions in later situations, may give rise to municipal liability, if it was properly made by that government's authorized policymakers.

When the decisions of a Subordinate in a Particular area are Subject to different stages of review by the Superior Municipal officer and the Superior Municipal officer adopts the Subordinate's decisions, the Superior Municipal officer has effectively delegated the authority to set Policy in that area to the Subordinate. which is what occurred to Felipe Acevedo August /2023.

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

Was given Pain medication, wound was bandaged and wrapped & cleaned. As a result for not being admitted to surgery for broken bones these injuries has caused permanent damage, Severe Pain, Mental Anguish, disfigurement, Nerve damage.

IV. RELIEF

State briefly what money damages or other relief you want the court to order.

Monetary damages, in the amount of (\$10 million Dollars.) Pain and suffering, mental Anguish, disfigurement & permanent Pain and suffering, due to nerve damage and broken bones

pages
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Page (5)

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.


Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

05/02/2024
 Dated
Felipe
 First Name
80 29th Street (MDC Brooklyn)
 Prison Address
Brooklyn NY 11232
 County, City State Zip Code

[Signature]
 Plaintiff's Signature
Acevedo
 Last Name

Date on which I am delivering this complaint to prison authorities for mailing:

05/02/2024


 STEPHEN A. ESPINET
 Notary Public, State of New York
 No. 01ES6194593
 Qualified in Kings County
 Commission Expires October 6, 2024

AFFIDAVIT OF SERVICE

State of New York
County of Kings

I, Felipe Acevedo, being duly sworn deposes
and says:

That on 05/13/2024 I did in fact place the
original copy of the attached application for
Amended complaint in the mailbox at
Metropolitan Detention Center to be duly carried
to:

(original)

Prose office / clerk
United States District Court
Southern District of New York
US courthouse 500 Pearl Street
New York, NY 10007

Sworn to before me this
13th day of May, 2024

NOTARY PUBLIC
STEPHEN A. ESPINET
Notary Public, State of New York
No. 01ES6194593
Qualified in Kings County
Commission Expires October 8, 2024

Very Truly Yours,
Felipe ACEVEDO
MDC - 30 / 37th St BK, NY, NY
11232

RECEIVED
U.S. DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK
U.S. COURTHOUSE - 500 PEARL STREET
NEW YORK, N.Y. 10007

NEW YORK NY 100
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CLERK

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK
U.S. COURTHOUSE - 500 PEARL STREET
NEW YORK, N.Y. 10007

2024 MAY 28 PM 9:36

SONY
[Signature]

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